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CONFIRMATION NO. 8759

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APPLICANTS

Patrick Q. Moore, Gilroy, CA;
Christopher L. Stewart, Santa Clara, CA;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**
** 02/13/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature  Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
CA	6	24	2

ADDRESS

Jeffrey G. Sheldon
Weldon & Mak
215 South Lake Avenue
9th Floor
Pasadena, CA 91101

TITLE

Large mouth centrifuge labware

FILING FEE RECEIVED 912	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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